

Primary health care (PHC) (lecture 1)

الأفضل تنتقل بالجدول من فوق لحت (تدرس عمود عمود)
بالتوفيق، ويا رب يكون مفيد

<p>Community medicine: it's a branch of medicine distinct from public health -focuses on how factors affect health -Requires a multidisciplinary approach (should have a <u>team</u> of experts in medical fields)</p>	<p><u>Health:</u> is a dynamic state of complete physical, mental, social & spiritual well being, not merely the absence of disease & infirmity (weakness) -It cannot be defined as a state because it's everchanging -Health results from a person interaction/adaptation to his environment.</p>	<p>-Spectrum of health: positive health (<u>highest</u>) → better health → freedom from disease → unrecognized disease → mild disease → severe disease → death (<u>lowest</u>) -transition is often gradual</p>	<p>Health for all: health needs to brought within reach (accessible by everyone) -It's a <u>holistic</u> concept (comprises coordination among various sectors) -It depends on continuous progress in both medical care & public health</p>
<p>Community: a group of people living in the same place or having particular characteristics in common</p>	<p>The interaction of five domains determines health state: 1.genetic makeup, 2.social circumstances (education, income & poverty), 3.environmental conditions (toxic & microbial conditions), 4.behavioural choices (diet, physical activity & substance use & abuse), 5.the availability of quality medical care</p>	<p>-Determinants of health: factors that influence health (سهلين، وموجودين) بساليد ٢٤ و ٢٥ و ٢٦ إذا بدكم تراجعوهم) -Social determinants of health (SDH): the conditions in which people are born, grow, work, live & age & the wider set of forces & systems shaping daily life</p>	<p><u>Levels of care:</u> PHC: first level of contact between the person & health system, the closest to people, essential health care, the majority of prevailing health problems, provided by primary health care centers Secondary HC: more complex problems, curative services, 1st referral lever, provided by hospitals Tertiary HC: super-specialist care, provides training programs, referral from Primary & secondary HC, provided by regional/central level institution, (e.g. plastic surgery)</p>
<p><u>Primary objective</u> (goal) of community medicine: preventing disease & promoting health in a community + reducing demand of curative & rehabilitative health services</p>			
<p>Core <u>subjects</u> in community medicine: -Epidemiology -Health care delivery system including primary health care -biostatistics -public health nutrition -Social behavioural, environmental, and management sciences</p>	<p>-Health dimensions: (important) <u>Physical</u> (perfect body functioning, physical fitness, activities of daily living ADL) <u>Mental</u> (ability to think clearly, reason objectively, a state of balance between the individual & surrounding world, free from internal conflicts, aware about himself, having a good self control, coping with stress) <u>Emotional</u> (self-efficacy & self-esteem) <u>Social</u> (ability to have satisfying relationships) <u>Environmental</u> (appreciation of the external environment & one's role in caring for it) <u>Spiritual</u> (feeling as part of a greater spectrum of existence)</p>	<p><u>Alma-Ata</u> international conference: -calls for urgent actions to <u>protect</u> and <u>promote</u> the health of <u>all</u> people (PHC) -<u>first</u> international event underlining the importance of PHC -Health is a fundamental right -The inequality in health status of the people is political, socially & economically <u>unacceptable</u>. -Governments have a responsibility for the health of their people (can be fulfilled by a provision of adequate health & social measures). -An acceptable level of health can be attained through a further & better use of the world's resources</p>	<p>-PHC is an essential component in community medicine discipline -PHS is the <u>most basic</u> package of essential health services needed to prevent diseases, promote health & manage illnesses -The World Bank estimates that 90% of all health needs can be met at the primary health care level. -Primary care: one element of PHC, it's only related to management of illnesses</p>
<p>Public health: the science of protecting & improving the health of people and their communities (works on understanding the spread of disease) -Similar goal with community health but different approach</p>			

PHC (lecture 2)

<p>PHC: essential health care that is socially appropriate, universally accessible, scientifically sound, first level of care provided by a suitable trained workforce supported by integrated referral systems in a way that gives priority to those most in need, maximizes community & individual self-reliance & participation & involves collaboration with other sectors (Intersectoral collaboration)</p>	<p>Core <u>activities</u> of PHC (elements):</p> <ul style="list-style-type: none"> -Health education -Identifying & controlling prevailing health problems -promotion food supply & proper nutrition -provision of safe water & basic sanitation -maternal & child health care, including family planning -immunisation (vaccination) against the major infectious diseases (e.g: measles, meningitis & tuberculosis) -prevention & control of locally endemic disease -appropriate treatment of common diseases & injuries -promotion of mental health -provision of essential drugs & basic laboratory services -training of health guides, health works & health assistance -referral services 	<p>The basic <u>requirements</u> for sound PHC:</p> <p>1.Appropriateness (suitable):</p> <ul style="list-style-type: none"> -Whether the service is needed at all in relation to essential human need, priorities & policies -The service is properly selected & and carried out in the proper way. Appropriateness is important for the availability & accessibility <p>2.Adequacy:</p> <ul style="list-style-type: none"> -The service proportionate to requirement. -Sufficient volume of care to meet the need of the community. <p>3.Affordability:</p> <p>The cost should be within the means and resources of the individual and the country</p> <p>4.Accessibility:</p> <p>reachable, convenient services & geographically, economically & culturally accessible</p> <p>5.Acceptability:</p> <p>depends on satisfactory communication between health providers & patients, whether the patients trust the care, whether the patients believes in the confidentiality & privacy of his information</p> <p>6.Availability:</p> <p>Care can be obtained whenever people need it</p> <p>7.Assessability:</p> <p>Medical care can be readily evaluated. (people are able to evaluate the services)</p> <p>8.Accountability:</p> <ul style="list-style-type: none"> -The feasibility of regular review of financial records by certified public accountants 	<p>9.Completeness:</p> <p>requires adequate attention to all aspects of medical problems, including prevention, early detection, diagnosis, treatment, follow up measures & rehabilitation (e.g. providing physiotherapy for the hemiplegia (paralysis of one side), & continuous follow-ups for diabetic patients after describing drugs)</p> <p>10.Comprehensiveness:</p> <p>care is provided for all types of health problems.</p> <p>11.Continuity:</p> <ul style="list-style-type: none"> -Management of patients' care over time coordinated among providers -Important for chronic diseases such as diabetes, hypertension, ischemic heart diseases, Because if they aren't controlled they will cause severe problems
<p>PHC <u>includes</u> (essential health care services):</p> <ul style="list-style-type: none"> -health promotion -illness prevention -care of the sick -advocacy -community development 	<p>Primary Health Care is <u>different</u> in each community <u>depending upon</u>:</p> <ul style="list-style-type: none"> -Needs of the residents; -Economy of the country; -Availability of health care providers; -The community's geographic location; & -Proximity to other health care services in the area 	<p>PHC:</p> <ul style="list-style-type: none"> -focuses on the person not the disease, considers the determinants -integrates care when there's more than one problem -uses resources to narrow differences -address most important in the community -PHC embodies a spirit of self-reliance and self- determination. -PHC is rooted in contemporary conceptualizations of health as bio-psycho-social phenomenon 	<p>Equity of health services:</p> <ul style="list-style-type: none"> 1.equivalent health needs (horizontal equity) 2.greater health needs (vertical equity)
<p><u>Functions</u> of PHC:</p> <ul style="list-style-type: none"> -to provide continuous & comprehensive care -to refer to specialist & hospital services -to co-ordinate health service for the patient -to guide the patient within the network of social welfare & public health services -to provide the best possible health & social services in the light of economic consideration 	<p>Medical model Primary Health Care</p> <ul style="list-style-type: none"> • Treatment ⇨ • Health promotion • Illness ⇨ • Health • Cure ⇨ • Prevention, care, cure • Episodic care ⇨ • Continuous care • Specific problems ⇨ • Comprehensive care • Individual practitioners ⇨ • Teams of practitioners • Health sector alone ⇨ • Intersectoral collaboration • Professional dominance ⇨ • Community participation • Passive reception ⇨ • Joint responsibility 	<p><u>Principles</u> of PHC:</p> <ul style="list-style-type: none"> -social equity -nation-wide coverage -self-reliance -inter-sectoral coordination -people's involvement in the planning & implementation of health programs 	<p><u>Equity of health services:</u></p> <ul style="list-style-type: none"> 1.equivalent health needs (horizontal equity) 2.greater health needs (vertical equity)

PHC (lecture 3)

<p>A team: is a group of people who make different contribution towards the achievement of common goal (a limited number of members with complementary skills)</p> <p><u>Characteristics</u> of teamwork</p> <ul style="list-style-type: none"> -The members share a common purpose which binds them together. -Each member has a clear understanding of his own functions & recognises common interests. -The team works by pooling knowledge skills, and resources & all members share the responsibility for outcome. 	<p>Primary Health Care Initiatives <u>Project</u>:</p> <ul style="list-style-type: none"> -380 PHC clinics -Renovation and provision of furniture and specialized medical equipment. -Clinical training of service providers. -Establishment of performance improvement review systems. -Improvement of the management information system. 	<p>Health Education:</p> <ul style="list-style-type: none"> -First line of Prevention -Skeleton of primary health care services. -Essential for Health Promotion and Preventive Services. -Helping people to understand their behavior and how it may affect their health. -is the translation of health knowledge into desirable individual and Community behavioral patterns by means of educational process. 	<p><u>Approaches</u> of HE:</p> <ol style="list-style-type: none"> 1. The medical approach involves medical intervention to prevent ill health using a persuasive method and expects patients to comply with the recommended intervention. (medical approach is conceptualized around absence of disease (focuses mainly on physical dimension) 2. The educational approach provides information and helps people to explore their values and make their own decisions. 3. The change in behaviour approach involves changing people's attitudes so that they adopt healthy lifestyles as defined by the health promoters. It can be applied using locally available methods and media such as leaflets and posters.
<p><u>Composition</u> of PHC team</p> <p>The composition should adapt for the specific characteristics of the health system and the community. Therefore, there are no universal models that can be used to prescribe a composition that is valid for all places, communities, or social contexts</p> <p>-Family health services, administered by Family Health Service Authorities (FHSAs), include the four practitioner services:</p> <ol style="list-style-type: none"> 1.GPs (General Practitioners) 2.Dental practitioners. 3.Pharmacists. 4.Opticians. <p>-Community health services, include:</p> <ol style="list-style-type: none"> 1.Community doctors 2.Dentists 3.Nurses, midwives, and health visitors 4.Other allied professions such as chiropody and physiotherapy <p>-PHC may also involve:</p> <ol style="list-style-type: none"> 1.Counseling social workers, 2.psychologists, and psycho- therapists. 3.Administrative 4.Reception of clients/ for making appointments 5.Secretarial / clerical work 	<p><u>Top cause of deaths</u>:</p> <p>In <u>low-income countries</u>: lower respiratory infections > coronary heart disease > diarrhea</p> <p>In <u>middle-income countries</u>: stroke cerebrovascular disease > coronary heart disease > chronic obstructive pulmonary disease</p> <p>In <u>high-income countries</u>: coronary heart disease > stroke cerebrovascular disease > lung cancer</p> <p>(in middle & high income countries there's a decrease in deaths from infectious diseases & increase from non-communicable diseases)</p> <p>In Jordan the total population growth rate has increased and is still increasing mainly due to immigration. & this high population growth rate is one of the <u>challenges</u> encountering PHC in Jordan</p>	<p><u>Who is the health educator?</u></p> <ul style="list-style-type: none"> -Specialist: person who is especially trained to do health education work. -Any health worker who is concerned with helping people -Any person in the Community can participate in health education process <p>(Health education is the responsibility of every person in the Community.)</p> <p>In Jordan, health education (HE) is an important pillar of the work of the Ministry of health.</p> <p><u>Main goal</u> of health education is: To improve the quality of life individual and Community in all aspects: health, social, economic and political, taking in consideration that health is a state of complete physical, psychological and social well being and not the mere absence of diseases.</p> <p><u>Target groups</u> for health education:</p> <ul style="list-style-type: none"> -Women -Children -Elderly. 	<ol style="list-style-type: none"> 4. The individual-centered approach considered the individual to have a right to control his own health, so he should be helped to identify his concerns, and gain the knowledge he needs to make changes happen. 5. The change in society approach aims at changing the society rather than the individual by putting health on the political agenda at all levels, and by shaping the environment so that it becomes conducive to health. (should make a change in the environment, so it becomes conducive to health) <p><u>-In Jordan</u>, the traditional health education approach used was aimed solely at changing people to fit the environment (without intervening the surrounding environment) and did little to make the environment a healthier place to live in. (Educational approach)</p>

Health status has improved significantly in Jordan.
 -Life expectancy at birth increased to reach 73.5 (72.8 males and 74.2 females) in 2017
 -Infant mortality decreased to 17 per 1000 live births in 2017.
 -Total fertility rate dropped to 2.7 in 2017 (Fertility declines in Jordan have contributed to slowing the population growth rate down)
 -SmallPox was eradicated, Measles, polio prevalence rates were decreased a lot
 -Population Growth Rate (2.4%) in 2017
 -Population Doubling Time (29 years) in 2017
 -Singulate mean age of females at first marriage is 26.3 years in 2017
 -The urban population increased to 90.3% in 2017.
 -The proportion of the population under 15 years of age declined to 34.3 by 2017
 -The proportion of those age 65 and over has been rising to 3.7% by the year 2017 (because of the improved health care services provided to the community members in general)
 -the age structure of the population has changed – the result of changes in fertility, mortality, and migration dynamics.

Educational programs:
 Psychological Counselling
 Cancer
 Diabetes
 Education and Support Groups
 Fitness and Exercise
 Health Screenings
 Nutrition and Weight Management
 Older Adults
 Parent Education
 Pregnancy and Childbirth
 Programs for Families
 Programs for Men
 Programs for Women
 Safety and CPR
 Sleep Disorders
 Special Programs
 Stress Busters

Three main reasons for PHC in Jordan 1986 MOH study visits are:
 a. 33% respiratory diseases.
 b. 14% infectious and parasitic diseases.
 c. 10% digestive diseases.

So almost more than 50% of visits to PHC clinics were for curative reasons rather than preventive or consultative ones .
 (The limited resources can be used in the medical field must be directed in a way by which it can meet the community's needs)



في حال لازم نحفظ النسب هيهم، إذا مش حفظ فشق
 عن هاض العمود 🤝🌍
 الدكتورة قرأت كل النسب الموجودة بالمحاضرة
 فهون حظيت تبعون 2017 لأنه هي حاطة تحتهم خط
 بالسلايدات

Top causes of death in Jordan:

In 1979:
 1.Cardiovascular diseases
 2.Respiratory diseases
 3.Diarrhea

In 1991:
 1.Cardiovascular diseases, arterial diseases & Hypertension
 2.Accidents
 3.Malignancies

In 2010:
 1.Ischemic Heart Disease
 2.Cancer
 3.Stroke
 4.Diabetes
 5.Congenital abnormalities & chronic kidney disease & road injuries

Proportionate Mortality Ratio: (in order)
 1.Disease of circulatory system
 2.Neoplasm's
 3.Accidents and adverse effects
 4.Conditions originating in the perinatal period